

☐ Incident

☐ Accident
(Boat or OHV)



UTAH DIVISION OF PARKS & RECREATION

INCIDENT/ACCIDENT REPORT

Case No. _____

☐ On park

☐ Off park

Involvement



- 1 Animal
- 2 Boat
- 3 Mtr vehicle
- 4 OHV
- 5 Person
- 6 Property

☐ Incident type

- 1 Agency assist
- 2 Alarm
- 3 Assault
- 4 Auto accident
- 5 Burglary
- 6 Fight
- 7 Found property
- 8 DU/UBI
- 9 LE action
- 10 Medical
- 11 Other
- 12 Poss drug/alc
- 13 Public intox
- 14 Referred agency
- 15 SAR
- 16 Shooting
- 17 Theft
- 18 Trespass
- 19 Vandalism
- 20 Wildlife/Animal

Occurrence date ____/____/____ Occurrence time ____:____ (military) Report date ____/____/____

County _____ Nearest city/town _____

Area _____ (general) Location _____ (specific)
Reporting employee _____ Badge number _____ Park code _____ Total time ____ Hrs.

I # 1

☐ 1 Operator 2 Owner 3 Operator/Owner 4 Complainant 5 Victim 6 Witness 7 Injured 8 Suspect
Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ DL or other # _____ ☐ M ☐ F
Address _____ City _____ State _____ Zip _____ W Phone _____
H Phone _____

I # 2

☐ 1 Operator 2 Owner 3 Operator/Owner 4 Complainant 5 Victim 6 Witness 7 Injured 8 Suspect
Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ DL or other # _____ ☐ M ☐ F
Address _____ City _____ State _____ Zip _____ W Phone _____
H Phone _____

I # 3

☐ 1 Operator 2 Owner 3 Operator/Owner 4 Complainant 5 Victim 6 Witness 7 Injured 8 Suspect
Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ DL or other # _____ ☐ M ☐ F
Address _____ City _____ State _____ Zip _____ W Phone _____
H Phone _____

I # 4

☐ 1 Operator 2 Owner 3 Operator/Owner 4 Complainant 5 Victim 6 Witness 7 Injured 8 Suspect
Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ DL or other # _____ ☐ M ☐ F
Address _____ City _____ State _____ Zip _____ W Phone _____
H Phone _____

INJURY
Individual # 1 2 3 4
☐ ☐ ☐ ☐
1 No injury
2 Possible injury
3 Bruises or abrasions
4 Broken bone/bleeding
5 Burns
6 Fatal

MEDICAL RESPONSE
Individual # 1 2 3 4
Treatment ☐ ☐ ☐ ☐
1 Treated & released
2 Emergency room
3 Hospitalized
Individual # 1 2 3 4
Treated by ☐ ☐ ☐ ☐
1 Park personnel
2 EMT/Paramedic
3 Doctor
Individual # 1 2 3 4
Transported ☐ ☐ ☐ ☐
1 Personal auto
2 Ambulance
3 Airvac

ALCOHOL and/or DRUGS
Individual # 1 2 3 4
☐ ☐ ☐ ☐
1 Not involved
2 Involved
3 Field sobriety test given
4 Evidentiary test given*
*Results: I# _____ %
I# _____ %

ENFORCEMENT ACTION
Individual # 1 2 3 4
☐ ☐ ☐ ☐
1 None
2 Verbal warning*
3 Written warning*
4 Citation issued*
5 Arrested*
6 Warrant served*
*Code Rule # _____ I# _____
*Code Rule # _____ I# _____

VEHICLE/BOAT DISPOSITION
Individual # 1 2 3 4
☐ ☐ ☐ ☐
1 Owner retained
2 Impounded*
*List vehicle/boat number and where impounded in narrative.

OTHER AGENCY INVOLVED?
☐ No ☐ Yes* *Submit copy of report.
*Agency _____
*Case # _____

PROPERTY DAMAGE
(estimate)
Owned by:
I # 1 \$ _____
I # 2 \$ _____
I # 3 \$ _____
I # 4 \$ _____

EVIDENCE SEIZED?
1 No 2 Yes* Individual # 1 2 3 4
☐ ☐ ☐ ☐
*List details in narrative.

VEHICLE/BOAT
V/B#1 Owned by: I# _____ Vehicle/Boat type? ☐ 1 ATV 2 Boat 3 Motor Vehicle 4 OHM 5 Snowmobile
Make _____ Model _____ Year _____ License _____ State _____ VIN/HIN _____
V/B#2 Owned by: I# _____ Vehicle/Boat type? ☐ 1 ATV 2 Boat 3 Motor Vehicle 4 OHM 5 Snowmobile
Make _____ Model _____ Year _____ License _____ State _____ VIN/HIN _____
(Do not use this block for information on boats or OHVs involved in an accident, use page 3 or 4.)

WEATHER ☐ 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Haze 6 Fog **VISIBILITY** ☐ 1 Good 2 Fair 3 Poor 4 Zero

NARRATIVE



DIAGRAM

Reporting employee's signature

Reviewed by

Date reviewed

an equal opportunity employer